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ABSTRACT

This study assesses the attitudes held by the general public toward providers of mental health help. Relationships were found to exist between attitudes, demographic variables (sex, education level, religion, age, marital status), indications of past behavior and expressions of future behavioral intentions. The following professions were included: Psychiatrist, Psychologist, Doctor, Nurse, Clinical Psychologist, Minister-Priest-Rabbi, Counselor, Social Worker, Attorney. A semantic differential measure of attitude gave rankings of the professions on four dimensions: Evaluation, Potency, Activity and Trustworthiness. Across the analyses the trustworthiness dimension was the best predictor of future behavioral intention. The subjects in the study were 163 residents of the city of Grand Forks, North Dakota, selected through a random mailing of 600 questionnaires. (Author)

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AN ASSESSMENT AND ANALYSIS OF THE GENERAL PUBLIC'S ATTITUDES TOWARD HELPING PROFESSIONALS

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The present study was undertaken to assess the attitudes held by the general public toward providers of mental health help. Relationships were found to exist between attitudes, demographic variables, indications of past behavior and expressions of future behavioral intentions. The following professions were included: Psychiatrist, Psychologist, Doctor, Nurse, Clinical Psychologist, Minster-Priest-Rabbi, Counselor, Social Worker, Attorney.

If mental health professionals are to reach all segments of society, it is important to determine and understand all of the variables that influence an individual's choice of mental health services. In the 1958 study by Hollingshead and Redlich and a 1960 study by Gurin, Veroff and Feld, the issues of where people go for help and how people choose help resources were explored. The conclusions of these two studies suggested that there are a great many variables including: sex, education level, church attendance and place of residence which might affect the choice of professional mental health services.

Most mental health professionals would agree that people with mental health problems who have reached some responsible treatment source have at least had a possibility for obtaining help. If one shares this conviction, it then becomes necessary to understand not only those variables that influence help seeking, but also those variables that might keep an individual away from professional services. One of these variables that has been extensively studied is the stigma of mental illness or mental health problems.

Beyond this stigma of mental illness is another variable which could be

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influencing a person not to seek professional help. It is a variable that has been largely ignored in the literature. This variable is the individual's stereotypic beliefs about or attitudes toward the specific professions which provide these services. Nunnally and Kittross (1958) studied public attitudes toward ten occupations in the mental health field. The present study is in part an attempt to update, reexamine and analyze the implications of these findings.

Method

In order to assess an individual's attitudes toward providers of mental health services and any relationship this attitude might have to the individual's past behavior or future behavioral intention, a questionnaire was developed. The questionnaire contained a thirteen scale semantic differential measure of attitude for each of the following mental health providers: Psychiatrist, Psychologist, Doctor, Nurse, Clinical Psychologist, Minister-Priest-Rabbi, Counselor, Social Worker and Attorney. The title Best Friend was also included because friends are often seen as sources of support during times of personal crisis and distress. The specific semantic differential used in this study was designed so as to give scores on four dimensions: Evaluation, Potency, Activity and Trustworthiness. In addition the questionnaire contained two questions regarding past and future behavior toward each of these ten providers, six demographic questions, and a final preference ranking of the helping professionals.

Subjects

Questionnaires were mailed to six-hundred residents of the city of Grand Forks, North Dakota. Grand Forks is a city with an approximate metropolitan area population of 60,000. The University of North Dakota with a student population of 8,500 is located in Grand Forks. These

residents were chosen according to a random method that sampled proportionately from each of the seven political subdivisions of the city. From this original mailing, 163 respondents were included in the study.

Results

In order to assess the relationships that exist between the demographic characteristics of the subjects (including past behavior and future behavioral intentions) and their ratings of the professions of the defined dimensions of attitude (Evaluation, Potency, Activity and Trustworthiness), canonical correlations between these two sets of variables were computed for each of the professions. The results are reported in Table 1. Significant correlations were found for all of the professions with the exception of Attorney and Best Friend. The weights that were computed indicate to what extent and in which direction each variable is contributing to each of the canonical correlations. By looking at the weights above .40 or below -.40 those variables that are contributing to the general attitude pattern can be noted. For example, for the concept Doctor, age (.57) and education (-.56) are playing a part in the ratings of Doctor on the Evaluation (.73), Potency (.49) and Activity (-.66) dimensions. As the age of the subjects increase and the education level decreases, Doctor is rated higher on evaluation and potency but lower on the activity dimension. Different variables contributed in varied ways to the overall correlations for each of the concepts presented.

A second result I wish to report is the computation of multiple regressions between the thirteen scales of the semantic differential and the future behavioral intentions for each of the ten professions. Significant multiple regressions were found for seven of the ten concepts. Significance was not found for the titles Doctor, Attorney, or Best Friend.

In terms of future behavioral intention, the trustworthy/untrustworthy scale had the highest predictive ability for the titles Doctor, Psychiatrist, Psychologist, Nurse and Attorney. The sincere/insincere scale had the highest predictive ability for Clinical Psychologist and Counselor and the good/bad scale for Minister and Counselor.

As a final measure, all subjects were asked to rank each of the ten professions according to the order in which they would seek help if they ever developed the need for mental health services. Table 2 is a summary of the t comparisons that were computed for every pair of professions. In terms of these rankings, the findings indicate significant differences between the following five sets of professions with each set being ranked significantly higher than those below it.

1) Doctor
2) Minister-Priest-Rabbi, Psychiatrist
3) Psychologist, Clinical Psychologist, Best Friend, Counselor
4) Social Worker, Nurse
5) Attorney

Other analyses including rankings on the four dimensions (Evaluation, Potency, Activity, and Trustworthiness) and an overall attitude ranking were performed.

Discussion

Demographic Relationships to Attitude

One major purpose of this study was to examine the relationships that exist between the demographic characteristics of the subjects and the attitudes they hold toward the different helping professions. The results of the analysis addressing this question indicate that different demographic variables were having different effects across the professions. It is difficult to state whether any one set of demographic variables had any kind of consistent effect on the attitude measure for all professions. Age and

education level appear to have had the most influence over the types of ratings the professions were given. For Doctor, Psychiatrist, Psychologist, and Nurse, there was a tendency for older individuals to express a more positive attitude. This may be due to a tendency for the "younger generation" to be more questioning of authority and to not be as accepting of traditional societal roles.

One of the more intriguing findings of this study is the inverse relationship found between educational level and the evaluation rating for Doctor, Social Worker, Minister, Psychiatrist, and Attorney. As education level increased the ratings given these professions on the evaluation dimension decreased. This may be due to the fact that highly educated individuals are taught to be more critical. It is also possible that these individuals may have more access to literature critical of "helping professions".

The multiple regression analysis that was performed looked at the ability of the semantic differential as a whole to predict future intentions. Significant regressions were found for seven of the professions allowing us to make predictions based on the whole semantic differential. But, the most interesting information came from the simple correlations between the individual scales and future intention. The predictive ability of the individual scales varied across professions with the most consistent predictor intention being the trustworthy/untrustworthy scales. It had the highest correlation with future intention for five of the ten professions. This appears to indicate that one of the key qualities individuals would consider when deciding from whom to seek help would be how trustworthy they thought the professions were.

Comparative Rankings of the Professions

The 1958 study conducted by Nunnally and Kittross found the concepts

Doctor, Physician, and Nurse rated highest on their semantic differential measure of attitude with no difference found between the concepts Psychiatrist, Psychoanalyst, Psychologist, Clinical Psychologist, and Research Psychologist. The present study included analyses of six different rankings with several significant differences found between the professions.

Like Nunnally and Kittross (1957), the overall attitude comparison based on the semantic differential found Doctor toward the top. However, two professions not included in their study, Minister and Best Friend, were rated as high as Doctor. Unlike Nunnally and Kittross (1957), Nurse was rated with a second group that included Counselor, Clinical Psychologist, and Social Worker, and these were all rated significantly higher than Psychiatrist, Psychologist, and Attorney. One interesting aspect of this ordering is that the addition of the word "Clinical" in front of Psychologist had significant effect in terms of the overall attitude expressed toward the profession.

The comparisons of the professions on the individual dimensions of attitude follow basically the same ordering as the overall ordering. The trustworthiness dimension ordering is virtually identical to the overall with the significant difference being distributed in a slightly different manner. This similarity between the overall attitude ordering and the trustworthiness dimension ordering again points to the importance of this characteristic (trustworthiness) to the development of the attitudes held toward these professions.

The final preference ranking of the professions is interesting in that it once again points out the important role that Doctors and Ministers play in dealing with mental health problems. Neither of these professions are as extensively trained to deal with mental health problems as some of

the others included in the study. Certainly the fact that these two professions are probably more accessible to the general public would play a part in this finding. But it is also true that they were rated as significantly more trustworthy than the other more "mental health"-related professions.

Conceivably, the most significant finding of this present study may be the key role that the characteristic of trustworthiness plays in the general formulation of these attitudes toward helping professionals. Across analyses the trustworthiness variable was the most consistent contributor to the determination of the attitudes. This finding directs further research on the question of how and why trustworthiness plays such a key role. Research addressing the question of why certain professions are seen as more trustworthy than others would be valuable. The exploration of this trustworthiness dimension in terms of issues concerning honesty, confidentiality, and credibility would contribute greatly to our knowledge. If one of the keys to bringing individuals in need of help in contact with helping professionals is the perceived trustworthiness of the professional, then further research in the area is essential.

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TABLE 1

SUMMARY OF CANONICAL CORRELATIONS AND CANVAR WEIGHTS BETWEEN DEMOGRAPHIC VARIABLES AND ATTITUDE DIMENSIONS

Professions	Canonical Correlations	DEMOGRAPHIC VARIABLES								ATTITUDE DIMENSIONS			
		Age	Sex	Marital Status	Educa.	Income	Religion	Future	Past	Evaluation	Potency	Activity	Trust-worthi-ness
Doctor[a]	.45**	.57	.25	-.08	-.56	-.23	.01	-.22	-.31	.73	.49	-.66	.14
Social Worker[a]	.42*	-.03	-.22	-.16	.59	.07	-.01	.79	-.24	-1.69	.23	-.11	.73
Minister[a]	.48***	.12	.07	-.22	-.45	.04	.20	-.85	.07	.95	-.04	-.03	.16
Minister[b]	.36*	-.12	-.30	.11	.52	-.27	-.82	-.22	-.22	.52	.27	.70	-1.33
Psychiatrist[a]	.43***	.23	-.63	.03	.45	.06	-.09	.63	-.42	- .49	.01	.35	- .78
Psychiatrist[b]	.36**	-.54	-.13	-.12	.22	.10	-.45	.13	.61	-1.27	.33	1.17	.38
Counselor[a]	.53***	.21	.23	-.14	-.29	-.44	.20	-.79	-.06	.93	-.36	.04	.27
Psychologist[a]	.45***	.48	.22	-.15	-.30	-.14	.23	-.75	.22	1.59	-.64	-.40	.02
Psychologist[b]	.37**	.69	.08	-.27	.13	.14	.28	.30	-.61	.77	-.56	-.61	- .24
Nurse[a]	.47***	.66	.21	-.35	-.16	-.22	.05	-.57	.07	- .03	-.51	-.22	1.23
Attorney[a]	.36	-.11	-.52	.30	.70	-.20	.07	.54	.03	-1.11	.80	.41	- .11
Clinical Psychologist[a]	.45***	-.35	-.03	-.05	.29	.29	-.15	.75	.13	-1.80	.99	1.07	.04
Clinical Psychologist[b]	.37**	-.11	.85	.20	-.29	.11	-.63	.25	-.17	- .73	.35	-1.19	1.53
Best Friend[a]	.35	-.44	-.70	.40	.15	-.28	-.42	-.06	.04	- .90	1.44	- .06	- .14

[a]The first canonical variate df/32

[b]The second canonical variate df/21

***$p<.001$

**$p<.01$

*$p<.05$

TABLE 2

SUMMARY OF t's FOR DIFFERENCES BETWEEN PROFESSIONS ON THE PREFERENCE RANKING

	Professions									
	Doctor	Social Worker	Minister	Psychiatrist	Counselor	Psychologist	Nurse	Clinical Psychologist	Best Friend	Attorney
Doctor		16.43*	4.40**	4.25**	8.22**	8.59**	20.45**	8.24**	7.30**	25.90**
Social Worker			-9.74**	-9.45**	7.09**	6.64**	.85	6.29**	4.69**	6.03**
Minister				.22	4.07**	3.31**	12.24**	3.32**	4.09**	16.20**
Psychiatrist					3.83**	4.62**	9.49**	4.46**	3.03*	14.55**
Counselor						.63	6.56**	.50	.04	10.99**
Psychologist							7.24**	.16	.46	12.39**
Nurse								6.58**	6.06**	5.83**
Clinical Psychologist									.37	12.38**
Best Friend										10.58**
Attorney										

[a] df/162

**p<.001 (two-tailed test)

*p<.01 (two-tailed test)